

LICENSEE CENSUS FORM FOR STAFF

Licensee: _____

Program Name and Type: _____

Address: _____

Contact Person: _____ Phone #: (Office) _____ Email Address: _____

Staff Name	Job Title/ Position	Date of Hire	Type of Professional License (if applicable)	Full Time (FT)/ Part Time (PT)	Work Schedule	Monitors Medication Yes/No	Transports Residents Yes/No